

STANDARD CERTIFICATE OF DEATH

12397

State File No.

FILED APR 4 1953

BIRTH NO.

18957

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

3289

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pronounced dead Homer Phillips</u>		d. STREET ADDRESS (If rural, give location) <u>1101 S. Compton</u> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Byrone</u> b. (Middle) c. (Last) <u>Tatum</u>		4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>24</u> (Year) <u>53</u>	
5. SEX <u>Male</u> 2	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>8</u>	8. DATE OF BIRTH <u>Mar. 11 53</u>
9. AGE (In years last birthday) <u>13</u>		10. IF UNDER 1 YEAR: Months <u>13</u> Days <u>0</u> Hours <u>0</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Sonnie Tatum</u>		13b. MOTHER'S MAIDEN NAME <u>Imagine Hogan</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Imogene Tatum</u>		ADDRESS <u>1101 S. Compton Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interstitital Pneumonitis</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Interstitital Pneumonitis</u> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>7630</u>	
22. I hereby certify that I attended the deceased from <u>1953</u> , to <u>1953</u> , that I last saw the deceased alive on <u>1953</u> , and that death occurred at <u>5:41</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Patrick E. Taylor</u> (Degree or title)		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>3.27.53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u>
DATE REC'D BY LOCAL REG. <u>MAR 27 1953</u>	REGISTRAR'S SIGNATURE <u>J. Charles Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Charles Smith</u> ADDRESS <u>2769 Chouteau</u>	

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2498

P. O. Address 2769 Chouteau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.